

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-030497
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 48

FILED AUG 20 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Lincoln</u>		Length of stay in 1b <u>104RS</u>	c. CITY OR TOWN <u>3mi East Urbana</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3mi East Urbana</u>
3. NAME OF DECEASED (Type or print) First <u>Russell</u> Middle <u>Raymond</u> Last <u>Wright</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>3</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-14-1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>54</u>
11a. FATHER'S NAME <u>John Wright</u>		11b. MOTHER'S MAIDEN NAME <u>Alice McCain</u>	9. AGE (last birthday) IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		11. BIRTHPLACE (City and state or country) <u>Newburg, Mo</u>	
13a. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Lorraine Wright</u>	
17. INFORMANT <u>Lorraine Wright</u>		Address <u>Urbana, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for part I and part II) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cornary embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>death upon arrival</u> her/him alive on _____ Death occurred at <u>4 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C O Bailey</u>		22b. ADDRESS <u>Urbana Mo</u>	22c. DATE SIGNED <u>8/4/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-6-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newburg Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Newburg, Mo.</u>
24. FUNERAL DIRECTOR <u>Allen W. Vaughan</u>		25. DATE RECD. BY LOCAL REG. <u>8/17/1962</u>	26. REGISTRAR'S SIGNATURE <u>Miss Vera Plutch</u>

AUG 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.